

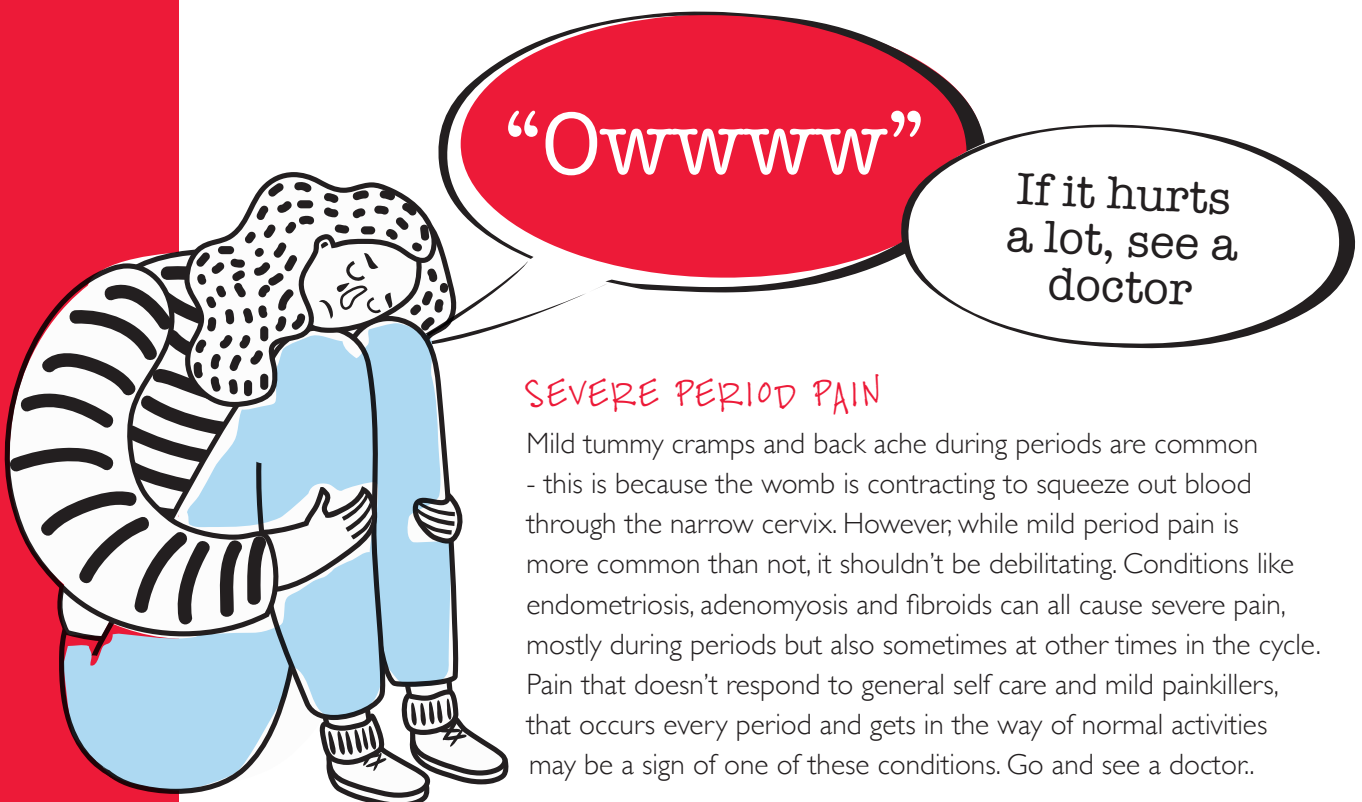
EXTRA INFORMATION RELATED MEDICAL CONDITIONS

For a long time, it's been really hard to talk about periods, especially for those having a hard time with them. People have often either been told their issues are imagined, or that they're a normal part of having periods, and consequently many people have learned just to keep quiet and suffer in silence. Thankfully this is changing, and increased media attention on conditions like endometriosis is getting the message out that severe problems with periods are not 'normal', and that there is help available.

The menstrual cycle is a stress-sensitive system, which means that issues arising with periods or any part of the cycle are a good indicator that something needs attention in that person's general health and wellbeing. It's normal for periods to vary throughout someone's life, sometimes they'll be easy and straightforward and at other times more difficult and erratic. However, there are some issues that are more severe, those that recur with every or most periods and significantly impact a person's ability to get on with life as normal. If you are suffering from any of these, do seek help from a trusted health practitioner.

KEY POINT

This document is intended to give some extra information about related medical conditions. It is not a guide for diagnosis! Unless you are a qualified medical professional, we do not recommend giving medical advice about periods or menstrual health. All you can do is help raise awareness of these conditions and encourage everyone to visit a doctor if they experience any of these symptoms.



SEVERE PERIOD PAIN

Mild tummy cramps and back ache during periods are common - this is because the womb is contracting to squeeze out blood through the narrow cervix. However, while mild period pain is more common than not, it shouldn't be debilitating. Conditions like endometriosis, adenomyosis and fibroids can all cause severe pain, mostly during periods but also sometimes at other times in the cycle. Pain that doesn't respond to general self care and mild painkillers, that occurs every period and gets in the way of normal activities may be a sign of one of these conditions. Go and see a doctor..

EXTRA INFORMATION

Endometriosis is being increasingly diagnosed and it is thought that it affects 10% of menstruators worldwide, although a quarter of them may have no symptoms. Tissue similar to the endometrial womb lining starts to grow in other areas of the body outside the uterus (womb), most commonly the ovaries, fallopian tubes and the tissues lining the pelvis. In rare cases it can grow in other parts of the body. Similar to the endometrial lining in the womb, this tissue builds up and sheds during the menstrual cycle in response to hormone changes, leading to inflammation, irritation, pain and scarring. The causes are unknown and the condition can cause severe menstrual pain, other pelvic pain and pain during sex and they can cause infertility. It is not contagious and can happen to anyone with a uterus and ovaries, at any age. There are treatments such as pain killers and hormonal therapy such as oral contraceptives, surgery is also an option for some. Many people have also found certain alternative treatments very helpful for endometriosis.

Adenomyosis is a condition where endometrial tissue is found inside the muscular wall of the uterus. It is most common between the ages of 35 and 50, and can cause an enlargement of the uterus and painful, heavy periods, chronic pelvic pain and pain during sex. It can also lead to infertility. The causes are unclear and treatment is most commonly anti-inflammatory painkillers and oral contraceptives or a hormonal IUD (intra-uterine device, or coil).

Fibroids are non-cancerous growths made up of muscle and fibrous tissue that grow in or around the uterus (womb). They often don't cause any symptoms, but for some people they can cause heavy and/or painful periods, abdominal and lower back pain, frequent urination, constipation and pain during sex. The exact cause is unknown and they can develop in anyone with a uterus and ovaries at any time between menarche (first period) and menopause, although they are most common between the ages of 30 and 50. They are often found within your family - so ask family members if they have similar problems. They are also more commonly found in Afro-Caribbean people. Fibroids can vary in size, shape and symptoms, they often don't need treatment as they disappear on their own, particularly after menopause. Some do need treatment due to the size or symptoms, this is usually in the form of surgery but other options are hormonal intra-uterine devices, hormonal contraception, anti-inflammatory drugs or drugs that reduce bleeding.



PERIODS CAN
HURT!

EXTRA INFORMATION

CYCLICAL DEPRESSION/SUICIDAL THOUGHTS

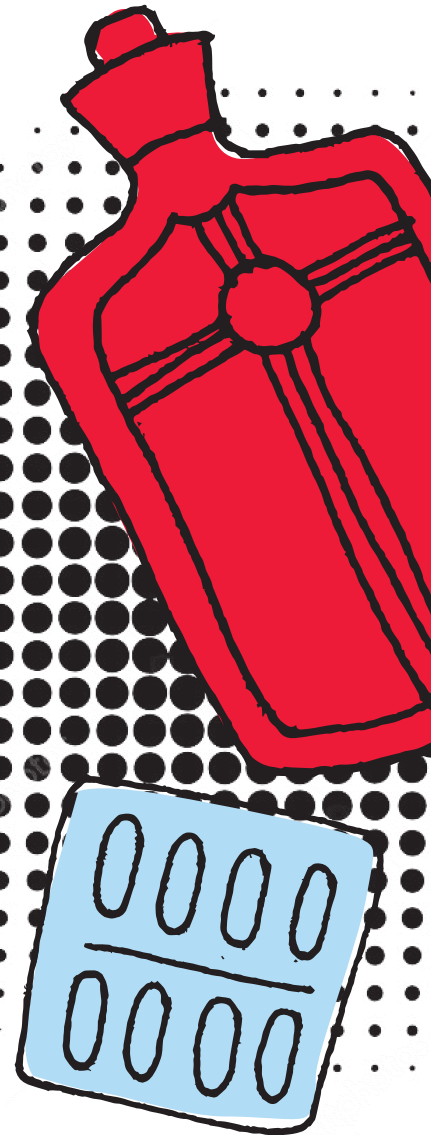
Pre-menstrual dysphoric disorder (PMDD)

is a particularly severe and distressing form of pre-menstrual syndrome that causes both physical and emotional symptoms in the luteal phase of the menstrual cycle (the week or so before a period arrives). Mood symptoms are most pronounced, and can include anxiety, depression, irritability, severe mood swings, difficulty concentrating and fatigue. Other physical PMS symptoms are also common. Many of these come and go but when they happen every cycle, and so severely that they affect quality of life, then they're a sign that something could be up. Current management includes drugs that can help regulate some of the symptoms, alternative therapies that look at balancing hormones or looking at life circumstances that may be contributing.

IRREGULAR CYCLES

Once periods have settled into a regular rhythm it's common for this rhythm to change from time to time, in response to life events, general health and other factors – ill health, stress, weight loss or gain, some medications, some recreational drug use, and certain types of hormonal contraception.

However, sometimes periods never get into a regular rhythm, or change their pattern and become very unpredictable. Periods arriving more frequently than every 24 days, less frequently than every 35 days, or having no regular pattern at all could all be a sign of an underlying issue. Thyroid problems, or the condition Polycystic Ovarian Syndrome (PCOS) can be a cause. PCOS causes higher levels of particular hormones that can cause physical symptoms like excess facial or body hair, acne and weight gain, along with irregular or missing ovulation, caused by excess follicle growth in the ovaries which leads to irregular periods. Hormones are often given as treatment to regulate periods. Alternative therapies that focus on balancing hormones can be effective for some people.



EXTRA INFORMATION

VERY HEAVY BLEEDING

Menorrhagia is an often painful and distressing condition that is defined by someone being unable to carry out normal daily activities due to the heaviness of the bleeding and severity of period pain. Needing to change period products at least or more often than every hour, having to double up on products yet still leaking through, having to get up to change products during the night, bleeding for longer than 7 days, passing clots bigger than a 10p coin and feeling excessively tired or short of breath are all signs of heavy bleeding that needs attention. There are many causes of menorrhagia including hormonal imbalances, fibroids, polyps, adenomyosis, some IUDs, cancer, bleeding disorders, and conditions with no known cause and so treatment varies according to the cause.

OTHER RED FLAGS

Mid Cycle Bleeding. Although this can occur at ovulation (often visible as pink or brown stained mucus), irregular bleeding at these times can be a sign that something is not right. If you regularly experience bleeding at other times than your period or at ovulation, go to see your doctor.

Discharge. In most cases vaginal discharge is clear, white or cloudy, sometimes sticky or tacky and at other times slippery, and doesn't really smell of anything. However, vaginal infections can occasionally happen and when they do, they affect the smell and appearance of the discharge, as well as commonly causing other uncomfortable symptoms in the vulva.

Go and see a doctor if:

- Your discharge smells fishy
- Your discharge is green, yellow, grey or frothy
- Your vulva is very itchy or burning and you have thick, white and clumpy, cottage cheese-like discharge
- You experience blisters or sores on your vulva
- You experience pelvic pain or bleeding not during your period
- If you have any other concerns

KEY POINT

Everyone experiences pain differently. If your periods have a significant negative impact on your life - go to a doctor.

